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Sheet 1 of 1 (8/19/04)

Form PTO-1449				ATTY. DOCKET NO. 1718-0214P		APPLICATION NO. 10/771,259	
INFORMATION DISCLOSURE CITATION IN AN APPLICATION (Use several sheets if necessary)				APPLICANT HARMENBERG, Johan et al.			
				FILING DATE February 2, 2004		GROUP 1614	
U.S. PATENT DOCUMENTS							
EXAMINER INITIAL	DOCUMENT NUMBER	Kind	DATE	NAME	CLASS	SUB CLASS	FILING DATE IF APPROPRIATE
FK	US 6,514,980	B1	2003-02-04	BOYD	514	263.31	
	US						
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	US						
FOREIGN PATENT DOCUMENTS							
Office	DOCUMENT NUMBER	Kind	DATE	COUNTRY	CLASS	SUB CLASS	TRANSLATION YES NO
OTHER DOCUMENTS (Include Name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.) date, page(s), volume-issue number(s), publisher, city and/or country where published.							
EXAMINER Krass, Frederick				DATE CONSIDERED 9-10-05			
EXAMINER: Initial if citation considered, whether or not citation is in conformance with M.P.E.P. 209; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.							

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Sheet 1 of 1 (8/1/05)

Form PTO-1449				ATTY. DOCKET NO. 1718-0214P		APPLICATION NO. 10/771,259		
INFORMATION DISCLOSURE CITATION IN AN APPLICATION (Use several sheets if necessary)				APPLICANT PHARMACEUTICAL COMBINATION				
				FILING DATE February 2, 2004		GROUP 1614		
U.S. PATENT DOCUMENTS								
EXAMINER INITIAL	DOCUMENT NUMBER	Kind	DATE	NAME	CLASS	SUB CLASS	FILING DATE IF APPROPRIATE	
FK	US 2004-0185433	A1	2004-09-23	BOYD	435	5		
	US							
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FOREIGN PATENT DOCUMENTS								
Office	DOCUMENT NUMBER	Kind	DATE	COUNTRY	CLASS	SUB CLASS	TRANSLATION	
							YES	NO
OTHER DOCUMENTS (Include Name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.) date, page(s), volume-issue number(s), publisher, city and/or country where published.)								
EXAMINER Krass, Frederick				DATE CONSIDERED 9-10-05				
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